

MAR 29 2006

PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/538,545
Filing Date	8/20/2004
First Named Inventor	Salvadori, Larry, et al.
Title	SURGICAL INSTRUMENT
Art Unit	Unknown
Examiner Name	To Be Determined
Attorney Docket Number	S-8500 US (1)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name / Reg. No.	Name / Registration Number
Elizabeth A. O'Brien, Reg. No. 46,128	Edward S. Jarmolowicz, Reg. 47,238
Don Webber, Reg. No. 34,275	Stephen Faciszewski, Reg. 36,131
Douglas E. Denninger, Reg. No. 31,752	
William Dee, Reg. No. 46,657	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Tyco Healthcare Group LP		
Address	IP Legal Department 15 Hampshire Street		
City	Mansfield	State	MA Zip 02048
Country	United States of America		
Telephone	(508) 261-8000	Email	llegal@tycohealthcare.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Larry Salvadori</i>	Date	10/18/05
Name	Larry Salvadori	Telephone	617-690-8882
Title and Company	Tyco Healthcare Group LP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Art Unit	Unknown
Examiner Name	To Be Determined
Attorney Docket Number	8-8500 US (1)

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<input checked="" type="checkbox"/> Firm or Individual Name	Tyco Healthcare Group LP				
Address	IP Legal Department 15 Hampshire Street				
City	Mansfield	State	MA	Zip	02048
Country	United States of America				
Telephone	(508) 261-8000	Email	plegal@tycohealthcare.com		

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	10-24-05
Name	Lee Gour	Telephone	619-690-8585
Title and Company	Tyco Healthcare Group LP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Martin W. Kerber</i>	Date	11/3/05
Name	Martin W. Kerber	Telephone	386-738-8572
Title and Company	Dir. of Engineering Tyco Healthcare Group LP		

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